DOCUMENT RESUME

ED 228 431 CE 035 534

AUTHOR Cronin, Roberta C.; Heinsohn, Ingrid
TITLE The Uses of Research Sponsored by the Administration on Aging (AoA). Case Study No. 3. Volunteer Surveys of Nursing Homes. Executive Summary.
INSTITUTION American Institutes for Research in the Behavioral Sciences, Washington, DC. Gerontological Research Inst.
SPONS AGENCY Administration on Aging (DHHS), Washington, D.C.
PUB DATE May 81
GRANT AoA-90-AR-2173
NOTE 25p.; For related documents, see ED 218 489, ED 226 099-100, and CE 035 532-535.
PUB TYPE Reports - Research/Technical (143)

EDRS PRICE MF01/PC01 Plus Postage.
DESCRIPTORS Adult Education; Aging (Individuals); Case Studies; Consumer Protection; *Evaluation; Facility Case Studies; Facility Guidelines; Guides; Information Dissemination; *Material Development; *Nursing Homes; Older Adults; Research; Research Projects; *Research Utilization; Site Analysis; Social Networks; *Surveys; *Volunteers
IDENTIFIERS Administration on Aging; *Facility Evaluation

ABSTRACT

This case study, one in a series of research efforts designed to examine the utilization of the Administration on Aging's research, examines the Nursing Home Information Project (NHIP), which developed a methodology whereby a local organization with access to volunteers could produce a consumer guide to nursing homes in its community. (Three manuals were produced that contain instructions and materials for nursing home assessments.) Illustrative vignettes describe how two broad categories of users have employed the materials: organizations among the original implementation sites that have continued their NHIP-related efforts and organizations uninvolved in the effort to develop the NHIP approach. Examples include revision of original guides and expansion to new geographical areas. Several propositions to improve research utilization that emerged from the NHIP experience and from two previous case studies are discussed: extensive social networking, interventions to boost utilization, and vigorous information dissemination. Four general policy implications suggested by the propositions are then considered. (YLB)

****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****

ED228431

EXECUTIVE SUMMARY

The Uses of Research Sponsored by the Administration on Aging (AoA)

CASE STUDY NO. 3
Volunteer Surveys of Nursing Homes

Roberta C. Cronin
Ingrid Heinsohn

U.S. DEPARTMENT OF EDUCATION
NATIONAL INSTITUTE OF EDUCATION
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)

This document has been reproduced as received from the person or organization originating it.

Minor changes have been made to improve reproduction quality.

• Points of view or opinions stated in this document do not necessarily represent official NIE position or policy.

May 1981

Gerontological Research Institute
AMERICAN INSTITUTES FOR RESEARCH
1055 Thomas Jefferson Street, NW, Washington, DC 20007

CE035534

TABLE OF CONTENTS

PREFACE i

CAPSULE SUMMARY iii

EXECUTIVE SUMMARY

- Introduction 1
- The Research Project 2
- Uses Made of the Nursing Home Information Project 5
- Why the NHIP Research Project was Useful 9

PEOPLE INTERVIEWED FOR CASE STUDY 14

APPENDIX

- List of Communities Known to Have Used the NHIP Approach 18

TABLE 1

- Chronology of Key Events in Nursing Home Information Project 4

PREFACE

This is an executive summary of a case study on the usefulness of AoA's research. The full case study is entitled *The Uses of Research Sponsored by the Administration on Aging, Case Study No. 3: Volunteer Surveys of Nursing Homes*, American Institutes for Research, Washington, D.C., 1981.

This case study represents the third of several on the usefulness of AoA's research. (The first case study was entitled *The Uses of Research Sponsored by the Administration on Aging, Case Study No. 1: Transportation Services for the Elderly*, American Institutes for Research, Washington, D.C., 1980, and the second was entitled *The Uses of Research Sponsored by the Administration on Aging, Case Study No. 2: Older Americans Resources and Services (OARS)*, American Institutes for Research, Washington, D.C., 1980.) The goal is for each case study to show how and why the research was used for policymaking or practice purposes. The aggregate implications from all of the case studies, together with a separate review of appropriate literature, have been used to develop an R&D utilization strategy for AoA. The case study and the development of this overall R&D utilization strategy are part of the continuing work of the Gerontological Research Institute, supported under AoA award No. 90-AR-2173.

The conduct of the case study was facilitated by the assistance of key informants, who were interviewed from June through November 1980. The list of informants may be found at the end of this executive summary.

CAPSULE SUMMARY

The Nursing Home Information Project (NHIP) developed a methodology whereby a local organization with access to volunteers could produce a consumer guide to nursing homes in its community. Over about three and one half years, the project devised and tested an approach for surveying local nursing homes and for summarizing and publishing information about them. Twenty-one local sponsors, many of them recruited with the help of national associations such as the National Retired Teachers Association/American Association of Retired Persons (NRTA/AARP), implemented projects during the course of the NHIP.

The NHIP produced three manuals that contain instructions and materials for nursing home assessments. The NRTA/AARP assisted in distributing these products to its membership. The manuals were also later printed by the U.S. Government Printing Office and distributed by the Administration on Aging (AoA). Numerous public and private organizations across the country have used the NHIP materials to prepare local guides. Developed with a consumer-oriented perspective, these guides are intended to serve as a tool for improving the quality of life of the institutionalized elderly.

The NHIP was a research project, supported by the Administration on Aging (AoA) from 1975 to 1979. (Support for a dissemination and utilization phase continued into 1981.) Thus, the NHIP experience represents another example in which AoA-sponsored research has led to practical applications. As a case study of *research utilization*, the NHIP experience provides further information on how AoA might affect the utilization of research projects in the future.

Several propositions to improve research utilization have emerged from the NHIP experience and from two previous case studies (see *Case Study No. 1: Transportation Services for the Elderly*, and *Case Study No. 2: Older Americans Resources and Services (OARS)*). First, successful utilization follows the development of an informal

social network, linking knowledge producers (researchers) and knowledge users (consumers, service providers, and policymakers). Key characteristics of the networking activity are interpersonal and interorganizational ties, as opposed to written reports. In some instances, national associations can be effective linking agents or mediators between the research team and prospective users.

Second, "interventions" designed to boost utilization must occur throughout the life of a research project, and not simply at its completion. Early dissemination and networking activities provide an opportunity for user feedback that can influence the research in progress and result in product modifications. This may increase the applicability of the research to user needs.

Third, utilization depends on the vigorous dissemination of project materials—but not necessarily of a project's final report. The focus of dissemination efforts may often be a handbook, a manual, a questionnaire, and other social science tools that represent the "development" phase of R&D. These are the materials that may be the most useful in assisting service providers and consumers.

EXECUTIVE SUMMARY

Introduction

The last decade has been marked by escalating public interest and debate concerning the financing and delivery of long-term care services. Much of the concern has centered upon the increasing financial burdens of caring for chronically ill persons, many of them elderly and with limited personal resources, and upon the need to develop services that are less costly than nursing homes or other long-term care institutions.[1] However, expanding the consumer's choices of long-term care settings generally, and guaranteeing high quality care for those who have chosen institutions, also have been important objectives. Several well-publicized nursing home "exposés" in the early to mid-1970s brought particular attention to the issue of nursing home care and its quality. It was in this climate that the Nursing Home Information Project (NHIP) emerged.[2]

The NHIP, a research project started at the Urban Institute in 1975, was conceived as a way of stimulating market pressures to increase nursing home quality. In many communities, professionals, relatives, and chronically ill persons alike lack information about the nursing homes from which they must choose. Uninformed decisions, the research team argued, did not encourage providers to meet consumer preferences.

---

[1] For example, see U.S. General Accounting Office, *Entering a Nursing Home—Costly Implications for Medicaid and the Elderly*. Report to the Congress of the United States, PAD-80-12, November 26, 1973.

[2] For a reflection of that climate, see Chapter 9, "Houses of Death are a Lively Business," pp. 260-299 of Robert N. Butler's *Why Survive? Being Old in America*, New York: Harper & Row, 1975.

7

In response to this problem, the research team proposed to develop a methodology whereby a local organization with access to volunteers could fill the information gap—by producing a consumer guide to nursing homes in its community. The team would devise and test an approach for surveying local institutions and compiling the data, which could be implemented by volunteers in communities throughout the country.

The conduct of the NHIP research and the way it has been utilized are the topics of a full-length case study, one of several being conducted on the use of AoA research. The present text is a summary of the full case study.[3]

The Research Project

The Nursing Home Information Project (NHIP) was designed to test whether local groups of volunteers could conduct assessments of nursing homes on behalf of interested consumers. The project had four phases. The first three phases were conducted by The Urban Institute, Washington, D.C., from 1975 to 1979; the fourth phase, a one-year effort, began in October 1980, under the direction of the Washington, D.C. office of the Center for the Study of Welfare Policy, University of Chicago.[4]

Phase I of the NHIP focused on the development of data collection instruments and procedures whereby volunteers could obtain information on nursing homes. In Phase II, local sponsors were recruited to conduct projects in their communities. The earliest proposal for Phase II called for only four local implementation sites, but this proposal was later revised to include 12 sites. Then, when the recruitment process generated substantial interest, the number of local sponsors was further increased to 22 (11 public and 11 private agencies). Materials to assist with data collection were provided to these local sponsors, who carried out activities *without* supervision from the Urban Institute. Phase III focused on monitoring the implementation of the 21 projects,[5] analyzing the impact of the locally produced information

---

[3] See Roberta C. Cronin and Ingrid Heinsohn, *The Uses of Research Sponsored by the Administration on Aging, Case Study No. 3: Volunteer Surveys of Nursing Homes*, American Institutes for Research, Washington, D.C., 1981.

[4] The name of the project in the fourth phase is "Nursing Home Information Dissemination Project."

[5] Eventually, one sponsor decided not to participate in the project. Thus, the case study refers to 21 implementation sites.

on consumers, long-term care professionals, and nursing home administrators, and making final changes in the package of materials. Phase IV, presently underway, deals with the dissemination of materials and the development and implementation of other strategies to encourage further utilization.

The Nursing Home Information Project was based on a proposal submitted to the Administration on Aging (AoA) in May 1975. The initial award was for about $160,000 for one year. Subsequent awards from the Title IV-B research program brought the total funding level to about $640,000 over the full project period.

The project produced several major materials, including:

- a final report on *Consumer Assessments of Nursing Homes* that documents the process and findings of the Nursing Home Information Project, and
- a set of three Urban Institute manuals containing instructions and materials to conduct a nursing home project (a *Project Coordinator Manual*, a *Resource Manual*, and a *Volunteer Manual*).

The final report was published by the Urban Institute in August 1979.[6] The Urban Institute manuals were completed in February 1979. These three manuals serve as a comprehensive sourcebook for conducting a nursing home information project. The Project Coordinator Manual presents instructions on how to organize and implement each phase of the project. The Resource Manual contains extensive source materials, including procedures and survey instruments for conducting the project, samples of forms and letters, and excerpts from completed guides. The Volunteer Manual is intended to aid a volunteer in understanding the project and to improve the volunteer's interviewing and observational skills.

After minor revisions and a long delay, the final version of the three manuals was printed by the U.S. Government Printing Office (GPO) and distributed by the Administration on Aging in October 1980.

An earlier version of the instruments and procedures contained in the manuals had appeared as part of a two-volume interim report in January 1977. It is this version of the Urban Institute materials,

---

[6] The full title is Eugene C. Durman, Burton D. Dunlop, Cheryl Rogers, and Geraldine Burt, *Volunteers in Social Services: Consumer Assessment of Nursing Homes*, Urban Institute, Washington, D.C., August 1979. This is a revision of the final report that was submitted to AoA in May 1979, entitled *Consumers Visit Nursing Homes: The Implementation and Impact of Local Nursing Home Information Projects.*

rather than the final report or the three manuals, that was most often used by local sponsors during the period covered by this case study.

Table 1 summarizes all these publications and presents a chronology of the key events in the Nursing Home Information Project.

TABLE 1
Chronology of Key Events in Nursing Home Information Project

June 1975	Award made by AoA (90-A-518/01).
	PHASE I
Design and field tests of data collection procedures and instruments (July 1975 - December 1976)	
February 1976	Procedures and instruments field-tested in San Antonio, Texas.
May 1976	Revised procedures and materials field-tested in Pittsburgh, Pennsylvania, and Kansas City, Missouri.
December 1976	Handbook completed on procedures and materials for use in local projects; case studies on field tests also completed.
January 1977	Two-volume interim report on Phase I of project completed, including *Citizens Guide to Conducting Nursing Home Inventories.* (Version used by 21 local sponsors in Phases II and III.)
	PHASE II
Recruitment of local projects and development of data collection materials (January 1977 - February 1978)	
March 1977	Continuation award made to cover Phase II.
Summer 1977	Recruitment of local project sponsors.
September 1977	AoA approved request to expand number of local projects from 12 to 22.
October 1977	Coordinators' Conference held in Washington, D.C., for first group of projects.
January 1978	Coordinators' Conference held in Washington, D.C., for second group of projects.
March 1978	Continuation award made to cover Phase III.

TABLE 1 (continued)
Chronology of Key Events in Nursing Home Information Project

	PHASE III
Monitoring implementation of projects and impact analysis (March 1978 - February 1979)	
June 1978	Initial discussions among project staff, AoA officials, and NRTA/AARP staff about printing and dissemination.
February 1979	Urban Institutes's final version of manuals (Coordinator's Manual, Trainer's Manual, and Volunteer Manual) completed; award expires.
May 1979	*Consumers Visit Nursing Homes: The Implementation and Impact of Local Nursing Home Information Projects* completed. (Final report to AoA.)
August 1979	*Consumer Assessment of Nursing Homes* published by the Urban Institute. (Published version of final report.)
September 1979	Commitment made by AoA to print project manuals.
	PHASE IV
Dissemination and development/implementation of utilization strategies (October 1980 - September 1981)	
October 1980	Manuals (Project Coordinator Manual, Resource Manual, and Volunteer Manual) printed by the U.S. Government Printing Office.

Uses Made of the Nursing Home Information Project

The NHIP methodology already has been used in numerous communities throughout the United States.[7] In most cases, the use of the NHIP materials has led to the development of guides or directories of local nursing homes in a community. Users of the NHIP have almost all been local organizations, public and private, with access to

[7] See the Appendix for a list of communities known to have used the NHIP approach.

volunteers—in short, the type of users the research team had in mind when developing the NHIP survey materials and manuals. These users fall into two broad categories:

- organizations among the original implementation sites that have continued their NHIP-related efforts, or "old" users, and
- organizations uninvolved in the Urban Institute's effort to develop the NHIP approach, or "new" users.

The terms "old" and "new" serve as a shorthand way to refer to the two groups, although there is actually some temporal overlap between them. The following illustrative vignettes describe how the NHIP has been utilized by both groups.[8]

"Old" users. By the time the Urban Institute's research team prepared its final report, most of the 21 local sponsors had nearly completed their NHIP effort and several had already begun disseminating local nursing home guides. Utilization of the NHIP's products is continuing in some of these communities.

Vignette No. 1

The Nursing Home Advocacy Program in Essex County, New Jersey, recently updated its nursing home guide, first produced as part of the original NHIP effort. The advocacy program is operated by the Senior Service Corps, a private, nonprofit agency, and is supported by Title III funds from the county office on aging.

In updating the guide, the program coordinator made several modifications: Questions on food service and volunteer perceptions were omitted because they were too cumbersome to administer and yielded little data; questions related to Medicaid were modified or added to reflect recent health legislation; and the section on fees was also updated to reflect rate changes.

Unlike the sample presentations on nursing homes developed by the Urban Institute and used by other projects, this guide presents all of the information in narrative form.

Vignette No. 2

The Los Angeles section of the National Council of Jewish Women (NCJW) recently completed its third nursing home guide. This guide, covering the West Los Angeles area, is an updated and expanded version of the first guide, which was completed as part of the Urban Institute's original project. The section's

[8] These are summaries of a subset of the vignettes printed in the full case study.

second guide, published in 1979, covers a survey of homes in the San Fernando Valley, undertaken soon after the original Urban Institute effort had been completed.

Over time, the Los Angeles section has modified the NHIP approach—eliminating some items and instruments from the Urban Institute's survey materials, using telephone interviews to update information, and abbreviating the presentation of data in the guides.

The latest guide has added a one-paragraph description of each home, summarizing the volunteer's observations of maintenance (e.g., "generally clean"), atmosphere (e.g., "still," "friendly"), quality of care (e.g., "patients were clothed in an uncaring manner [with] unmatched socks") and any unique features (e.g., "a courtyard"). Earlier guides restricted themselves to more objective data on fees, eligibility, and similar characteristics.

"New" users. A number of organizations that had no part in the NHIP developmental cycle also have used the materials produced by the research team. Enthusiastic sponsors in neighboring communities have been responsible for introducing some of these new users to the NHIP approach. Other users learned about the NHIP through national associations of which they are member affiliates, such as the National Retired Teachers Association/American Association of Retired Persons (NRTA/AARP). In one case, a new user heard of the NHIP materials when a member of the research team made a presentation at a regional conference.

Vignette No. 3

The Union County Retired Educators Association (UCREA) and the Nursing Home Ombudsman Program of the Catholic Community Services recently co-sponsored the development of a nursing home guide in Union County, New Jersey. The director first learned about the NHIP materials in 1979, when he contacted the director of the Nursing Home Advocacy Program in neighboring Essex County to obtain information on advocacy. The director of the advocacy program at that time served as the coordinator of the NHIP in Essex County (see Vignette No. 1). She provided all the necessary information and the Urban Institute project materials.

In developing the guide for Union County, the director of the ombudsman program used the NHIP materials, the Essex County Consumer Guide, and a nursing home directory produced by a neighboring county. The most useful NHIP materials were the pre-site visit questionnaire, the on-site interview, the glossary of terms, and the checklist. With the exception of some questions that were added to the on-site interview, the materials were used without modifications. The additional questions concerned state requirements regarding the length of time for which the resident is responsible for payments to the nursing home. Training sessions for the volunteers were conducted by the coordinator of the Essex County project.

Vignette No. 4

The Santa Fe, New Mexico chapter of the American Association of Retired Persons (AARP) is currently organizing a statewide version of a nursing home information project. The group has recruited a project coordinator—a retired state employee who was involved with a survey effort several years ago—and, through the state AARP director, has requested the cooperation of other chapters throughout the state.

The Santa Fe effort was stimulated by an announcement about the NHIP manuals, carried in the NRTA/AARP *Chapter News* late in 1979. The chapter's community services chairman promptly requested and received copies from NRTA/AARP's program department. She was favorably impressed and moved immediately to obtain approval from the chapter's executive board to carry out the project. The board endorsed the NHIP effort in February 1980. The chairman expects that a condensed and streamlined version of the Urban Institute materials will be used.

Vignette No. 5

The Community Care Review Board of the Veterans Administration (VA) Medical Center in North Chicago used the NHIP materials to upgrade its instruments for surveying long-term care facilities. On an annual basis, the board conducts site visits to intermediate care and skilled nursing facilities in its district to determine their eligibility for VA contracts. The survey instrument used in the past was based on federal and state health guidelines. But the board wanted to build more measures of quality of life into the instrument and therefore selected the NHIP materials.

The chairman of the board learned about the materials at a seminar held at one of the VA's regional education centers in 1977. One of the presentations, made by the NHIP project manager, was on community care. Upon request, the board chairman received a copy of the two-volume set of the materials that the Urban Institute had produced at the end of the first phase. The chairman reviewed all of the materials for general background information and found the administrator interview form, the observational record, and the checklist to be most applicable. These instruments were modified to reflect the needs of veterans and were incorporated into the VA's existing instrument.

Summary. The results of the NHIP effort are being used in a number of new communities and are continuing to find favor in some of the original implementation sites as well. Examples of continuing utilization include revisions of original guides and expansion of the NHIP approach to new geographical areas. Communities not previously involved also have been adopting the NHIP approach. New users have learned of the survey methodology either through contacts

with old users, through the national associations with which they are affiliated, or in one case, as a result of a conference presentation by a member of the research team. In both old and new sites, some modification of the NHIP methodology appears to be the rule rather than the exception.

Why the NHIP Research Project was Useful

Why utilization of the NHIP research occurred is discussed extensively in the full case study. The case study has further identified more general propositions to improve future utilization strategies for AoA. These propositions are consistent with and build upon those of the two previous case studies.[9]

Proposition No. 1: Utilization was intensive and extensive because of the development of an informal social network, linking knowledge producers (researchers) and knowledge users (consumers, service providers, and policymakers). Both the transportation and the OARS cases suggested the importance of social networking in explaining their exemplary history of utilization. Interpersonal ties that transcended interoganizational roles, and two-way communications, as opposed to written reports, were key characteristics of this networking activity.

User-researcher interaction does seem a relatively powerful explanation of the utilization of the NHIP. The NHIP team used a formal advisory committee and held periodic consultations with AoA that included AoA program as well as research division staff. Consultation with primary users on the NHIP procedures and instruments was incorporated in the field tests at three sites and the implementation at 21 others. Finally, national associations interacted with the research team during the recruitment of implementation sites and, in the case of the NRTA/AARP, again when final NHIP materials were completed. In effact, the associations became "linking agents' or mediators between the research team and prospective users. These activities seem to have contributed to utilization by: (1) producing a technology that was responsive to the needs and constraints of local organizations, and (2) creating information channels for disseminating that technology. The role of the national associations as distributors of information about the NHIP products has no parallel in the two earlier cases.

[9] See Robert K. Yin and Ingrid Heinsohn, *The Uses of Research Sponsored by the Administration on Aging, Case Study No. 1: Transportation Services for the Elderly*, American Institutes for Research, Washington, D.C., 1980 and *The Uses of Research Sponsored by the Administration on Aging, Case Study No. 2: Older Americans Resources and Services (OARS)*, American Institutes for Research, Washington, D.C., 1980.

Proposition No. 2: "Interventions" designed to boost utilization may occur throughout the research process, and not at a single point during a presumed linear sequence. In both earlier case studies, a nonlinear sequence of events was found to occur between the conduct of the research and the utilization activities. Features of this sequence included early dissemination and even earlier networking activities, as well as a variety of product modifications based on user experience and feedback.

This proposition only partially fits the NHIP experience. Contacts with national associations did occur fairly early in the development of materials. Furthermore, the whole development process was built around a series of field tests and consultations with users, followed by new iterations of materials. Field testing began early, during the first year of effort. What makes the NHIP different from the other cases, though, is that this sequence was largely planned in advance. Overall, research team activities adhered to a linear conception of the research process, with feedback from users "programmed" at several points in the development cycle. Deliberate dissemination of products was concentrated entirely at the end of the cycle.

One change of plan *was* quite significant for utilization, however. That was the expansion of Phase II from a limited demonstration at four sites to a broader implementation and research effort. This change had the immediate effect of multiplying the number of early users and, in the process, establishing points across the country from which word of the NHIP could spread. Even if the research team did not spend much time communicating about the NHIP method while it was still under development, the NHIP had a network of 21 local sponsors to speak for it.

Proposition No. 3: Utilization cannot take place without vigorous dissemination of information. Based on the evidence of previous case studies, rapid and extensive dissemination of research information in written form cannot be overlooked in promoting utilization. The NHIP experience thus far may constitute a corroborative example of this proposition, although in a negative way.

Although the NHIP team clearly was preoccupied with the problems of ultimate utilization, not much attention was given to dissemination *per se* until Summer 1978, during the third phase of the effort. At this point, after some negotiations, NRTA/AARP agreed to announce the availability of the manuals and AoA agreed to handle printing. Printing by the Government Printing Office was not completed until October 1980 however, because of both administrative complications

at AoA and a need for some minor changes in the form of the copy delivered by the Urban Institute.

In the meantime, funding for the project ended, and eventually, key members of the research team left the Urban Institute. Thus, the NHIP no longer had an official existence.[10]

In effect, there was a hiatus in the NHIP utilization and dissemination process. No single source was able to provide copies of printed materials when interest in the project was probably highest—at the point the 21 original sites were completing their first guides—or to take advantage of the presence of a national network of experienced project coordinators. This loss of momentum may have dampened project utilization in the period of time examined for this case study. Whether this momentum can be regained with the distribution of the GPO reprints of the manuals remains to be seen.

It is worth noting that the *final report* of the NHIP, like those of the other cases, has never been the focus of dissemination efforts, although the research team invested considerable time after completion of the project in preparing it for the Urban Institute's publication series. This de-emphasis on the final report is probably to be expected for research projects whose primary aim is to develop methods or tools.

Proposition No. 4: Utilization was facilitated because the research involved a "synthesis" and "development" activity. The two previous case studies suggested that Propositions No. 1-No. 3 may hold most strongly where (1) the research project represents a synthesis of previous findings, and (2) the outcomes are embodied in handbooks, methods, and other similar tools.[11] The NHIP project approximates this same situation.

The NHIP began by assembling a state-of-the-art review of nursing home assessments, with particular emphasis on those assessment procedures that local organizations had already employed or might reasonably replicate with volunteer assistance in the future. This synthesis was not so much one of prior research, but of then-current practice; it incorporated literature review and consultation with persons familiar with various assessment systems. In addition, some members of the research team contributed to the synthesis their first-hand experience with developing user-oriented systems in the day care and educational fields. Thus, the research team grounded its efforts in an

---

[10] By informal agreement, the Urban Institute began directing any inquiries about the NHIP to the ex-project director at his new place of employment.

[11] *Case Study No. 2*, p. 47.

understanding of what had or had not worked well in the past, insofar as that could be established.

Then, the NHIP research team proceeded to design an improved method—more precisely, a set of tools and manuals—that would better meet the needs of potential users. In so doing, the researchers engaged these users in a dialogue through such devices as an advisory board, extensive field tests, and systematic surveys. As a result, the products were progressively modified to reflect the real world constraints of local organizations and their volunteers.

Policy implications. The congruence of the propositions from the three case studies suggests four general policy implications.

The first implication is that *utilization strategies should discriminate between "research" and "development" projects.* A "research" project involves new data collection or empirical analysis and produces academic publications or other reports mainly intended for research audiences. In comparison, a "development" project involves a research effort designed to produce usable tools, generally on the basis of some synthesis of previous research. These different types of projects may require different utilization strategies. For projects with a developmental thrust, AoA program staff should be encouraged to take an active role in the conduct of the project. These staff will often have more intimate knowledge of potential nonresearch audiences—who they are, and how they might be reached—than the members of AoA's research staff. They may themselves control certain communication channels, such as newsletters. Even where program staff have been uninvolved in research implementation, they should participate in the internal review of materials under consideration for AoA dissemination and assist in the decisions about targeting distribution to specific audiences. Where the synthesis stage of the research effort has been weak, program staff may help decide what further trials of the materials are warranted.

A second implication is that *utilization strategies should focus on linking people with each other and linking organizations, not products.* Networking activities should be encouraged throughout the life history of a development project. Bringing organizations into the network may prove most effective when organizational affiliation is an efficient means of identifying prospective users, or when organizations control staff and other resources which could assist users. But identifying and reaching relevant organizations should probably be a routine part of every project's networking efforts.

Furthermore, when the research team is unable or unwilling to devote substantial resources to communicating with prospective users, organizations like national associations should definitely be considered as potential linking agents or brokers. In some situations, they may be able to assume this role at little or no additional expense to AoA.

Third, research funding agencies *must vigorously support dissemination of materials from development projects to audiences other than researchers*. Project materials are most likely to take the form of usable tools or to appear as brief summaries in conference proceedings, newsletters, magazines, and other periodicals aimed at service providers and policymakers. Because this audience is likely to have a great interest or demand for such types of information, materials should be made available as soon as possible. To assure that dissemination occurs in a timely manner, planning efforts should begin early.

Fourth, R&D-funding agencies should *consider who shall be responsible for the products in which they have invested, once the original development effort is over*, assuming "responsibility" is meant to include: responding to questions about the product, monitoring the utilization, and determining when new modifications are appropriate.[12] There are several alternatives:

- *AoA* might be responsible for the products.
- The *original developer* might retain responsibility.
- A *new organization* might assume the responsibility for continuing development.
- *No one* might be responsible—i.e., the technology might be left entirely in the public domain.

All but the last of the alternatives require some level of resources to implement, either from R&D-funding agencies such as AoA or other sources. In the future, AoA should consider reviewing all the alternatives with the developers of new tools as a routine part of utilization planning.

---

[12] Providing technical assistance, above and beyond answering inquiries or suggesting resource persons to contact, is not a requisite component of responsibility in this usage, although in some cases TA functions also might reasonably be assigned to the "responsible" organization.

PEOPLE INTERVIEWED FOR CASE STUDY

Name	Present Title	Title During NHIP (If different)
Leo Baldwin	Coordinator Widowed Persons and Housing Programs National Retired Teachers Association/American Association of Retired Persons Washington, D.C.	
Candy Blau	Director Nursing Home Advocacy Program Senior Service Corps Orange, New Jersey	
Dorothy Browne	Community Projects Chairman American Association of Retired Persons Santa Fe, New Mexico	
Mary Camenga	Executive Director Maryland Conference of Social Concern Baltimore, Maryland	
Donald Carolan	Director Nursing Home Ombudsman Program Catholic Community Services Elizabeth, New Jersey	
Margit Craig	Project Coordinator Los Angeles Section National Council of Jewish Women Los Angeles, California	
Barbara Dickson		Area VII Staff Intern American Association of Retired Persons Dallas, Texas
Eugene Durman	NHIP Project Director, October 1980-September 1981 Center for the Study of Welfare Policy University of Chicago Washington, D.C.	Project Manager, June 1977-1979 The Urban Institute Washington, D.C.

PEOPLE INTERVIEWED FOR CASE STUDY (continued)

Name	Present Title	Title During NHIP (if different)
Bee Ellisman	Community Services Coordinator Buena Ventura Section National Council of Jewish Women Ventura, California	
Hilke Faber	Nursing Home Ombudsman Seattle-King County Nursing Home Ombudsman Program Seattle, Washington	
Byron Gold	Special Assistant to the U.S. Commissioner on Aging Administration on Aging Washington, D.C.	Director Office of Research, Demonstrations and Manpower Resources Administration on Aging Washington, D.C.
Saadia Greenberg	Director Division of Education and Career Preparation Administration on Aging Washington, D.C.	Project Officer Division of Research and Analysis Administration on Aging Washington, D.C.
Anne Harvey	Head Program Development National Retired Teachers Association/American Association of Retired Persons Washington, D.C.	
Frances Jacobs	Project Officer Division of Research and Evaluation Administration on Aging Washington, D.C.	Project Officer Division of Research and Analysis Administration on Aging Washington, D.C.
Jeffrey Koshel	Program Director Social Services Research Program The Urban Institute Washington, D.C.	Principal Investigator, December 1977-February 1979 Program Director Social Services Research Program The Urban Institute Washington, D.C.

PEOPLE INTERVIEWED FOR CASE STUDY (continued)

Name	Present Title	Title During NHIP (if different)
Robert Miller	Assistant State Director for Texas American Association of Retired Persons Dallas, Texas	
William Pollak	Associate Professor School of Social Service Administration University of Chicago Chicago, Illinois	Principal Investigator, July 1975-June 1976 The Urban Institute Washington, D.C.
Cheryl Rogers	Project Manager, October 1980-September 1981 Center for the Study of Welfare Policy University of Chicago Washington, D.C.	Research Associate The Urban Institute Washington, D.C.
Leonard Timm	Chairman Community Care Review Board Veterans Administration Medical Center North Chicago, Illinois	
Sue Wheaton	Aging Services Program Specialist Office of Program Development Administration on Aging Washington, D.C.	
Bayla White	Acting Director Office of Planning and Budget U.S. Department of Education Washington, D.C.	Project Manager, Principal Investigator, July 1976-December 1977 The Urban Institute Washington, D.C.
J. B. White	Board of Directors National Retired Teachers Association/American Association of Retired Persons Washington, D.C.	Project Coordinator National Retired Teachers Association Gainesville Unit Gainesville, Florida

PEOPLE INTERVIEWED FOR CASE STUDY (continued)

Name	Present Title	Title During NHIP (if different)
Olga Winkler	Coordinator Program Services National Council of Jewish Women New York, New York	
Richard Zamoff	Senior Scientist Human Development and Education Department National Institute for Advanced Studies Washington, D.C.	Consultant to the Urban Institute Washington, D.C.

APPENDIX

List of Communities Known to Have Used the NHIP Approach

Location	Sponsor
Los Angeles, California	National Council of Jewish Women
Oakland, California	Department of Human Resources
Santa Clara County, California	Area Agency on Aging
Ventura, California	National Council of Jewish Women
Gainesville, Florida	National Retired Teachers Association
Atlanta, Georgia	Golden Age Information and Referral Service
North Chicago, Illinois	Community Care Review Board, Veterans Administration Medical Center
Indianapolis, Indiana	Legal Services Organization
Kansas City, Kansas	Wyandotte-Leavenworth County Area Agency on Aging
Baltimore, Maryland	Maryland Conference of Social Concern
Lansing, Michigan	Citizens for Better Care
Grand Rapids, Michigan	Citizens for Better Care
Kansas City, Missouri	Mid-America Regional Council
Essex County (Orange), New Jersey	Nursing Home Advocacy Program
Union County (Elizabeth), New Jersey	Union County Retired Educators Association and Catholic Community Services
Santa Fe, New Mexico	American Association of Retired Persons
Buffalo, New York	American Association of University Women
Nassau, New York	American Jewish Congress
Rochester, New York	National Council of Jewish Women
Dayton, Ohio	Montgomery County Council on Aging
Portland, Oregon	Volunteers in Service to the Aged and Clackamas County Senior Citizens Council
Providence, Rhode Island	Church Women United
Dallas, Texas	National Retired Teachers Association/ American Association of Retired Persons

APPENDIX

List of Communities Known to Have Used the NHIP Approac' (continued)

Location	Sponsor
Houston, Texas	University of Houston Graduate School of Social Work
Seattle, Washington	Seattle-King County Nursing Home Ombudsman Program
Southwest Washington, Washington	Health Systems Agency and Health & Welfare Planning Council
Milwaukee, Wisconsin	Interfaith Program for the Elderly